

MULTIPLE EUC CLAIM CERTIFICATIONS FORM

Instructions: Please complete this form to file up to 8 consecutive retroactive weeks on your backdated EUC initial claim or revised EUC claim. In item 1, enter the week ending date (Saturday's date) beginning with the week after your benefits ended. You can call Hawaii Tele-Claim and press option 2 to find out the last week of benefits paid to you. Then answer questions 2 through 4 for each week. Please wait 2-3 weeks for these weeks to be processed.

Do not call Hawaii Tele-Claim or use the online system to file for backdated claim certifications. Return the completed form by mail or drop it off at your local office within seven days after receipt of this form (see reverse side). After these weeks are processed, you can resume filing your bi-weekly claim certifications via Hawaii Tele-Claim or online at www.hawaii.gov/labor/ui after you receive your check/statement.

| Name (print last, first, middle initial): | | | Social Security Number: | | |
|---|--|---|--|-------|----|
| Phone: | | | Alternate Phone: () | | |
| 1. Week ending date (MM/DD/YY) | 2. Did you refuse work or referral to work? | 3. Were you physically able and available for work? | 4. Did you work? If Yes, please enter hours worked and gross earnings. If this is new employment, please report information in item 5. | | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | # Hrs | \$ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | # Hrs | \$ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | # Hrs | \$ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | # Hrs | \$ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | # Hrs | \$ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | # Hrs | \$ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | # Hrs | \$ |
| 5. Please provide your start date and employer's name: | | | | | |
| I certify that my statements above are true and correct. I have not received nor am I seeking any other state or federal unemployment insurance. I know the law imposes penalties for false statements for the purpose of obtaining benefits. | | | | | |
| Signature: _____ | | | Date: _____ | | |

Honolulu Claims Office and Liable Interstate Unit (out-of-state) – 830 Punchbowl St, Rm 110, PO Box 4090, Honolulu, HI 96812-4090.

Kaneohe Claims Unit - 46-005 Kawa St, Ste 205, Kaneohe, HI 96744.

Waipahu Claims Office – 94-275 Mokuola St, Rm 301, Waipahu, HI 96797-3369.

Hilo Claims Office – 1990 Kinoole St, Ste 101, Hilo, HI 96720 -5293

Kona Claims Office – Ashikawa Bldg, PO Box 167, Kealahou, HI 96750-0167.

Maui Claims Office – 54 South High St, #201, Wailuku, HI 96793-2198.

Molokai Claims Office – PO Box 1858, 55 Makaena Pl, Rm 4, Kaunakakai, HI 96748-1858.

Kauai Claims Office – 3-3100 Kuhio Hwy, #C-12, Lihue, HI 96766-1153.